



STATE OF WASHINGTON  
DEPARTMENT OF FINANCIAL INSTITUTIONS  
DIVISION OF CONSUMER SERVICES

P.O. Box 41200 • Olympia, Washington 98504-1200  
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**2003 ANNUAL REPORT  
CURRENCY EXCHANGER**

**General Instructions:** This report covers the period from June 30, 2003 through June 30, 2004. The annual report is due in the offices of the Washington Department of Financial Institutions, Division of Consumer Services on or before close of business on July 1, 2004. All licensees must file a report and make all appropriate annual assessment payments. Please read the form before beginning.

- All licensees must fill out and answer all questions in the annual report form below. If a question does not apply say so on the report.
- Please type or prepare the report in ink. Report all dollar amounts in whole dollars. If an amount is zero, enter -0-. Do not leave blanks.
- Annual Assessment checks should be made payable to the "Washington State Treasurer."
- Before mailing, please check the report thoroughly for omissions and discrepancies. Make sure the report is signed and notarized on the last page.

Contact Mr. W. Kwadwo Boateng (360) 902-8725 or Mr. Whittier Johnson (360) 902-8755 with questions, or e-mail to [DCS@dfi.wa.gov](mailto:DCS@dfi.wa.gov) for further assistance.

**Please return the completed report by July 1, 2004, to this office per letterhead above.**

INSTRUCTIONS:

**AUTHORIZED DELEGATES**

Provide a list of authorized delegate locations. Can be submitted in an electric form.

**ANNUAL ASSESSMENT FEES**

Each year, currency exchanger licensees must pay a license renewal fee of \$500. In addition, a \$50 fee is charged for each authorized delegate location the licensee has. Authorized delegate fees are capped at \$7,500 or fees for 150 delegate locations. The "corporate" or "main" license renewal fee plus authorized delegate fees add together to determine "total" fees due.

## MONEY SERVICES – CURRENCY EXCHANGER – 2003 ANNUAL ASSESSMENT REPORT

Annual assessments for Money Service (Money Transmitters and Currency Exchangers) Companies are due on, or before, close of business July 1 of each year. (Or the next business day if July 1 falls on a holiday or weekend day.)

DFI License Number:	550 – CE -	Reporting Period: July 1, 20	
Licensee Name/ Db, Trade Name:	/		
Contact person:		Phone:	
		Fax:	
Licensed Physical Address:	/		
	Street Address	City/County	State Zip Code

### AUTHORIZED DELEGATES: RCW 19.230.120, WAC 208-690-035

DO NOT use this form to ADD new authorized delegate locations. Use the *Money Services, Currency Exchanger – Add An Authorized Delegate Application* to add delegates. This application can be found on our website at [www.dfi.wa.gov/cs](http://www.dfi.wa.gov/cs), under the *Applications & Forms* page. You may submit the new authorized delegate application and fees along with this annual report. NOTE: Authorized Delegate locations may not conduct currency exchange business until approved by this department.

DO NOT include UNREPORTED CHANGES to authorized delegate information on this report. If information regarding previously approved authorized delegates has changed (i.e., the authorized delegate moved, or the contact person has changed, or the delegate has been dropped, other material changes have occurred) and this information has not yet been reported to us, please submit a “Quarterly Report” form with this updated information. Include the appropriate fee. The quarterly report form is available on our web site. You may submit the quarterly report at the same time as the annual report. The list submitted with the Quarterly Report should only include previously approved locations that need updates to information you already gave us.

SUBMIT a current list of authorized delegate locations as part of the annual report. This list should include only previously approved authorized delegate locations. Authorized delegate locations include all company owned outlets/branches of the company. (We make no distinction between these and retail locations, but you may separate your list according to the type of location claimed.) The list of authorized delegates should include the company name, physical address, and contact name, and phone number. Number each entry in the list.

If you need to submit a quarterly report with the annual report (to update information that has changed), separate those records with changes into a separate category on your current list and title the section, “See Quarterly Report.”

☐ I have no authorized delegate locations.

☐ I have included a current list of previously approved authorized delegate locations.  
(Electronic version o.k. - Use Microsoft Excel format)

The total number of authorized delegates previously approved \_\_\_\_\_.

If the total number of Authorized Delegates is 151 or above, place a check mark below in *Annual Assessments Fees*, “I have 150 or more authorized delegate locations....”

### ANNUAL ASSESSMENT FEES: RCW 19.230.110, WAC 208-690-140,

#### FEES OWED FOR LICENSE RENEWAL

☐ \$500 (Always Applicable)

#### FEES OWED FOR AUTHORIZED DELEGATE LOCATIONS

☐ Not Applicable. I have no authorized delegate locations.

☐ I have 150 or more authorized delegate locations. I owe \$7,500 in authorized delegate annual assessment fees.

☐ I have fewer than 150 authorized delegate locations.

\$50 per authorized delegate location X (Times) \_\_\_\_\_ total Auth Del Locations\* = \$\_\_\_\_\_ Authorized Delegate Count\*

#### TOTAL FEES OWED (Maximum \$,8000.00)

\$500 main office fee + (Plus) \$\_\_\_\_\_ Authorized Delegate Count (from above) \* = \$\_\_\_\_\_ Total Fees Owed

Make check payable to “Washington State Treasurer” and mail with this report to: Department of Financial Institutions, Division of Consumer Services, 150 Israel Rd SW, Tumwater, WA 98501

\*Place a “zero” here if you have no authorized delegate locations.

## MONEY SERVICES – CURRENCY EXCHANGER – 2003 ANNUAL ASSESSMENT REPORT

### MATERIAL CHANGES: RCW 19.230.110, WAC 208-690-110

Information for the company must be current and complete. Changes to company information must be reported in a timely manner. Types of reportable changes include but are not limited to, the company name, ownership, physical/mailling/records location addresses, phone and fax numbers. Changes in Responsible Individual or Registered Agent should also be reported. If you have made unreported changes, please use the *Money Services – Currency Exchanger – Amendment Application* and submit that application and fee along with this annual report.

### MONEY LAUNDERING PROGRAM/REPORTS: RCW 19.230.180

☐ Yes ☐ No, I have submitted a copy of my *Anti Money Laundering Program* to Washington State Department of Financial Institutions.  
☐ I answered "No" to the previous question and am submitting a copy of my *Anti Money Laundering Program* to Washington State Department of Financial Institutions with this annual report.

### U.S. TREASURY REGISTRATION/RENEWAL

☐ Yes ☐ No, I have registered with the U.S. Treasury Department. Date Registered \_\_\_\_\_  
If you answered "No" to the above question, register now, and submit copies of the registration documents with this report.  
☐ Yes ☐ No, I have renewed/will renew my registration with the U.S. Treasury Department every two years, per Federal requirements. Date of Renewal \_\_\_\_\_

### CERTIFICATION

I hereby certify under penalty of perjury that the information contained in this annual report and attached supporting documentation, has been carefully examined by me and is correct and complete, and further acknowledge that there are no misrepresentations or omissions of material facts.

Prepared By: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Type or printed name of preparer \_\_\_\_\_ Title {President, Manager, Treasurer}  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

### AFFIDAVIT CURRENCY EXCHANGER COMPANY ANNUAL REPORT

I, \_\_\_\_\_ the undersigned being the President, Manager, or Treasurer  
Print name of company President, Manager, or Treasurer circle correct title  
of \_\_\_\_\_, a Washington licensed Currency Exchanger Company,  
Print company name as licensed  
swear (or affirm) that to the best of my knowledge and belief the statements contained in this report, including the accompanying schedules and statements (if any), are true and that the same is a true and complete statement in accordance with the law.

\_\_\_\_\_  
Signature of company President, Manager, or Treasurer

Signed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ and

I hereby certify that I am not an officer or director of this company. \_\_\_\_\_

Signature of Notary Public

notary seal here

Notary Public in and for the:

State of \_\_\_\_\_

County of \_\_\_\_\_

My appointment expires: \_\_\_\_\_